

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <i>Jeffrey L. Crumell</i>	COURT CASE NUMBER <i>CA 07-845 GMS</i>
DEFENDANT <i>Correctional Medical Services</i>	TYPE OF PROCESS

SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>ATTORNEY GENERAL FOR THE STATE OF DELAWARE</i>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>Department of Justice 820 North French St Wilm DE 19801</i>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Jeffrey L. Crumell #23550
H.R. 4. C I
P.O. Box 9561
Wilm DE 19801

Number of process to be
served with this Form - 285*1*Number of parties to be
served in this case*1*Check for service
on U.S.A.

2008 JUL 22 AM 9:30

CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative Address, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Forma Pauperis

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

*7/21/08***SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>15</i>	District to Serve No. <i>15</i>	Signature of Authorized USMS Deputy or Clerk <i>BF</i>	Date <i>7-21-08</i>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Sen Oliver, DAG

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

7/21/08

Time

*125**pm*

Signature of U.S. Marshal or Deputy

BF

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: